SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

Date: Refund: Permit #: Amount Paid: 2-834 2-834 今 可 の

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
TO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS:

www.bayfieldcounty.org/zoning/asp)

| | _ | × | _ | | | | xplain) | Other: (explain) | | |
|--------------|---|--|-----------------------------|--|--|--|--|----------------------|---|---|
| | _ | × | _ | - Annual Control of the Control of t | - Lange | And the state of t | Conditional Use: (explain) | Condition | | |
| | - | × | - | The second secon | C (2) | PASSO DESERVE | Special Use: (explain) TONE BASED | Special U | ×. | |
| P | | | + | a de la companya de l | 19506 | | | | | 14- |
| | _ - | × | †- | MANAGE TO THE STATE OF THE STAT |) | /Alteration (specify | Accessory Building Addition/Alteration (specify) | Accessor | | |
| | , _ | × | - | | |) | Accessory Building (specify) | Accessor | | Municipal Ose |
| | - | : × | | manuser control of the control of th | |) | Addition/Alteration (specify) | Addition | | |
| | _ | × | | - And the state of | | date) | Mobile Home (manufactured date) | Mobile H | | |
| | _ | × | _ | & food prep facilities) | or □ cooking | ☐ sleeping quarters | Bunkhouse w/ (\square sanitary, or \square sleeping quarters, | Bunkhou | | |
| | | × | _ | *** | | arage | with Attached Garage | | se | K Commercial Use |
| | | × | _ | The state of the s | the state of the s | | with (2 nd) Deck | 100 | | • |
| | } | × | _ | A STATE OF THE STA | | | with a Deck | | | |
| | | × | ~ | | | | with (2 nd) Porch | | | |
| | | × | - | Section 1 | | | with a Porch | | ě | ☐ Residential Use |
| |) | × | _ | And the state of t | and the same of th | | with Loft | | | |
| | _ | × | 1 | d de propriée de la constant de la c | *************************************** | shack, etc.) | Residence (i.e. cabin, hunting shack, etc.) | Residenc | | |
| Footage | <u>- </u> | × | _ | | ā | cture on property) | Principal Structure (first structure on property) | Principal | * | Proposed Use |
| Square | ns | Dimensions | | | 8 | Dropogad Chairt | | | | |
| | Height: | 1 | | Width: | | Length: | | - | ion: | Proposed Construction: |
| | Height: | 포 | | Width: | | Length: | or is relevant to it) | ing applied fo | (if permit be | Existing Structure : (If permit being applied for is relevant to it) |
| | | | | □ None | | | and the state of t | | | |
| | | | jt | ☐ Compost Toilet | | interest and the second | | | Property | |
| | | ontract) | rvice c | ☐ Portable (w/service contract) | None None | | | iness on | Run a Business on | ı |
| | Uaulted (min 200 gallon) | ulted (mi | _ \ \ \ \ \ | | 1 | | | existing bldg) | Relocate (existing bldg) | 6 |
| ַ <u></u> | M.T. | cify Type: | 5pe (St | | u C | Tours | 2-Story + Loit | Alteration | Addition/Alteration | |
| #X. W/p | | Specify Type: | | | | X Vacabolian | - { | נומנומוו | INEW CONSTITUTION |) [|
| □ City | | | < | ☐ Municipal/City | 1 | Seasonal | V 1-Story | 1 | Now Cone | material |
| Water | 1 | What Type of Sewer/Sanitary System Is on the property? | /hat T∖ /Sanit: the p | Sewer, Is on | # of bedrooms | Use | # of Stories and/or basement | ect applying for) | Project (What are you applying for) | ion e & |
| | | | | | | | | | | □ Non-Shoreland |
| □ No | | | ne : feet | fee | Distance Structure | Pond or Flowage If yescontinue → | ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue | y/Land withir | ☐ Is Propert | |
| Present: | | Floodpia | | | | II ges | or Floodplain: | ldward side c | Creek or Lar | ☐ Shoreland —▶ |
| Are Wetland | Is Property in | Is Prop | ne : | Distance Structure is from Shoreline: | Distance Str | Stream (incl. Intermittent) | ☐ Is Property/Land within 300 feet of River, Str | y/Land within | ls Propert | |
| 79 | Acreage (%) | | Lot Size | | Bring | Pown of: | N, Range 8 w | Go | , Township | Section 🔏 |
| | | on: | Subdivision: | Block(s) No. | Lot(s) No. | CSM Vol & Page | Lot(s) | Gov't Lot | SE 1/4 | NA 1/4, S |
| y Ownership) | Document: (i.e. Property Ownership Page(s) | | Recorded Volume_ | -000-2000 | -35-f or | PIN: (23 digits) | (Use Tax Statement) PIN: (23 | | Legal Description: | PROJECT LOCATION |
| orization | Written Authorization Attached ☐ Yes ☐ No | | e/Zip): | Agent Mailing Address (include City/State/Zip): | gent Mailing Ac | Agent Phone: | 1 | cation on behalf | on Signing Appl | Authorized Agent: (Person Signing Application on behalf of Owner(s)) |
| ne: | Plumber Phone: | | | T many Applications | Plumber: | r Phone: | Cont | | ĺ | |
| | Cell Phone: | | | 27215 | ٤ | City/State/Zip: DoP4 Doug | S CIW | P O. | A SER | Address of Property: |
| 43K | JAN 201 | 578JS | 2 | Port winty a | \$ | NEW HALL GOSH | 38% | | D D | CRPY ADALLAND |
| | elephone: | | 6 | | City/State// | Address: | □ □ MAC | □ LAND USE | (0ESTED— | Owner's Name: |
| CO | A OTHER | ROA . | 177 | TIICE X SDECIAL IISE | S COLLINATION A | | 7 | ું જ | ION ON HE AL | DO NOI SIARI CONSIROCIION ON |

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing incr with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of impection.

Rec'd for Issuance (if you are signing on behalf of the owner(s) a letter of authorization Owner(s): Care Multiple Authorized Agent: Hitiple Owners listed on the Deed All Owners mast sign or letter(s) of authorization must accompany this application)

Date

Date MAY 81.

20/2

accompany this application)

Attach

Copy of Tax Statement recently purchased the property send your Record Recorded Deed

Address to send permit

PORT 11520

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| The Control of the Co | DON'S COMPACE | Holdrig | (1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8) Our Property (regardless of what you are applying for) (9) Proposed Construction (1) Show Location of (*): (1) Show Location of (*): (2) Show Location of (*): (3) Show Location of (*): (4) Driveway and (*) Frontage Road (Name Frontage Road) (5) Show: (6) Show any (*): (7) Show any (*): (8) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (8) Show: (9) Show Location of (*): (1) Show Location of (*): (2) Show Location of (*): (3) Show Location of (*): (4) On Plot Plan (5) Show: (6) Show: (7) Show any (*): (8) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (7) Show any (*): (8) Wellands; or (*) Stream/Creek; or (*) Pond |
|--|---------------|---------|---|
| | | | nd/or (*) Privy (P) |

Changes in plans must be approved by the Planning & Zoning Dept.

Please complete (1) - (7) above (prior to continuing)

| (8) Setbacks: (measured to the closest point) | est point) | | | |
|---|------------------------------------|--------------------------------------|--|---|
| Description | Measurement | | Description | Measurement |
| | | | | |
| Setback from the Centerline of Platted Road | ر Feet ب | | Setback from the Lake (ordinary high-water mark) | Feet |
| Setback from the Established Right-of-Way | そとう Feet | | Setback from the River, Stream, Creek | Feet |
| | | | Setback from the Bank or Bluff | Feet |
| Setback from the North Lot Line | > Feet | 100 to 100 to 100 to 100 to | | |
| Setback from the South Lot Line | Feet | | Setback from Wetland | Feet |
| Setback from the West Lot Line | Feet | | Setback from 20% Slope Area | Feet |
| Setback from the East Lot Line | Feet | | Elevation of Floodplain | Feet |
| | | | | |
| Setback to Septic Tank or Holding Tank | Feet | | Setback to Well | Feet |
| Setback to Drain Field | Feet | | A LANGUAGE CONTRACTOR OF THE PARTY OF THE PA | |
| Setback to Privy (Portable, Composting) | Feet | | | |
| Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be | if the minimum required setback, t | the bou | | isible from one previously surveyed corner to the |

Finor to the placement or construction of a structure within ten (10) feet of the minimum required serback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required serback, the boundary line from which the serback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

| , | Signature Lussestor: | Condition(s):Town, Committee or Board Conditions Attached? ☐ Yes. ☐ No ☐(If <u>No</u> they need to be attached.) | Date of Inspection: 9-6-07 Inspec | Inspection Record: USE OCCUPANTY THAN TO EXISTING CAMPLE | Was Parcel Legally Created Yes □ No Was Proposed Building Site Delineated Yes □ No | Granted by Variance (B.O.A.) □ Yes □ No Case #: | Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes Geed of Record | Permit #10-688 | Permit Denied (Date): Reason | Issuance Information (County Use Only) |
|-------------------|----------------------|--|-------------------------------------|--|--|--|--|----------------|------------------------------|--|
| | |] Yes. □ No≕(If <u>No</u> they need to be att | Inspected by: 100 IN COSE FEMILIATE | B | Were Property Li | Previously Granted by Variance (B.O.A. □ Yes □ No | No Mitigation Required Mitigation Attached | Date: 8-15-10 | Reason for Denial: | Salitaly Mullipel. |
| | | ached:) | DARRITO | sta-Aspauls/re | Were Property Lines Represented by Owner Was Property Surveyed | oy Variance (B.O.A.) Case #: | □ Yes XNo □ Yes XNo | | | TO DEGLOCATED |
| Date of Approval: | | | Date of Re-Inspection: | Zoning District (| Yes | | Affidavit Required ☐ Yes X No Affidavit Attached ☐ Yes X No | | | January Parce. |
| | | | | | l I ZNo | | XX No | | | |

SUBMIT <u>COMPLETED ORIGINAL</u>
APPLICATION, TAX STATEMENT AND FEE TO:

*

Washburn, WI 54891 (715) 373-6138 Bayfield County Zoning Department P.O. Box 58

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Date: Amount Paid: Application No.: (2) Zoning District 8-15-10 せ Z 5889 7/3/17 00 **SOS**

☐ Residential Other (explain) Residential Accessory Building Addition (explain) ☐ Residential Addition / Alteration (explain) 口 拳 Residence w/attached garage (# of bedrooms) □ * Residence w/deck-porch (# of bedrooms) ☐ 常 Residence or Principal Structure (# of bedrooms) Fair Market Value Structure: Is your structure in a Shoreland Zone? Telephone Address of Property Property Owner JOHN A. BERTON & Volume Goy't Lot Legal Description ___ N_W LAND USE (Y Changes in plans must be approved by the Zoning Department. Use Tax Statement for Legal Description Residential Accessory Building (explain) Deck sq. ft. Residence sq. ft Residence sq. ft. No و پر س 715 774-New FAILURE TO OBTAIN A PERMIT $\underline{o}_{\mathbf{I}}$ STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES SWIM SWIM SANITARY [] 9499 Page 6 333 4 (Home) 878 1/4 of **N**E M Addition aprehums Deck(2) sq. ft Porch sq. ft of Deeds Block 54865 Square Footage PRIVY 🗀 Yes 🛄 Barn JOHN O. 1/4 of Section 33 Lange 8 Existing Parcel I.D. (Sex 82) CONDITIONAL USE S 900 Subdivision - 20-05-39-1 HOVE If yes, _(Work) Township_ ☐ External Improvements to Accessory Building (explain) ☐ Special/Conditional Use (explain) ☐ External Improvements to Principal Building (explain) ☐ Commercial Other (explain) ☐ Commercial Accessory Building Addition (explain) ☐ Commercial Accessory Building (explain) □ Commercial Principal Building Addition (explain) Commercial Principal Building ☐ Mobile Home (manufactured date) Basement: Written Authorization Attached: Sanitary: Distance from Shoreline: greater than 75' [] 75' to 40' [] less than 40 [] Authorized Agent Contractor Type of Septic/Sanitary System 5 SPECIAL USE New Yes Self CSM # 67 0co - (0000 North, Range No < Existing NA Yes 🔲 B.O.A. 00 West. Town of Port Wing Acreage Number of Stories Privy Š _(Phone) (Phone) See OTHER 8 below Ş

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and helief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit, I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature)

Date

7/27/12

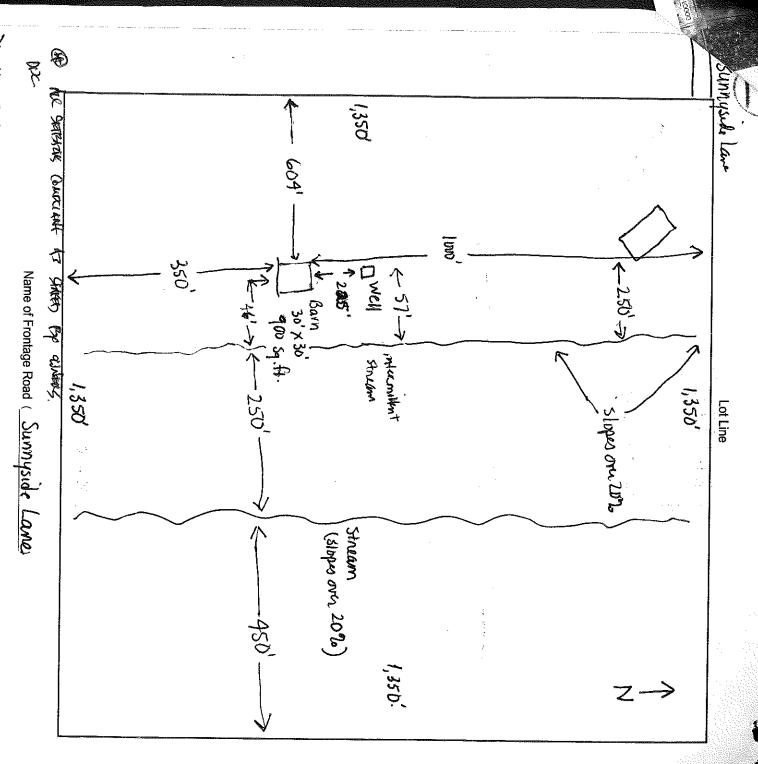
PO Box 3 Rolf Wing, N. 54865

Address to send permit

ATTACH
Copy of Tax Statement or

See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE (If you recently purchased the property Attach a Copy of Recorded Deed)

| AIG SON | Rec'd for Issuance | philipse and horizontal sounds | condition: Studius May but Be | Mitigation Plan Required: Yes □ No □ | F PRINCE 150 HD F | Inspection Record: Gudoun Lockton | Reason for Denial: | Date 8-15-10 Permi | Permit Issued: |
|------------------|--------------------|---|---|--------------------------------------|----------------------------|---|--------------------|------------------------------|-----------------------|
| Inspector | Signed D. | where are south sometimes by the south west | condition: Studius MAX OF BE USED FOR Abunds MOSTATIONS OF INCLUDE "LIVERY SOLKE" | | _By _ DocDai | Inspection Record: Guidout Location & Par Patholishias Herrishithtons SABBAN NE CAMPUTANT | | Permit Number 10-0089 Permit | State Sanitary Number |
| Date of Approval | 8. po-()- | Am Just 4, | or mande "unat conte. | Variance (B.O.A.) # | Date of Inspection 6-10-12 | totalism the indigles sm | | Permit Denied (Date) | Date |



Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N)

ø Show the location, size and dimensions of the structure

g⁄s Show the location, size and dimensions of attached deck(s), porch(s) or garage

1 Show the location of the well, holding tank, septic tank and drain field.

g Show the location of any lake, river, stream or pond if applicable

DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY

NOORIANT

4 Show the location of other existing structures.

Show the location of any wetlands or slopes over 20 percent.

Show dimensions in feet on the following:

9 9 Building to centerline of road Building to all lot lines

Building to lake, river, stream or pond

Holding tank to closest lot line

building

Building to take, river, sty

Holding tank to closest to
Holding tank to building
Holding tank to well
Holding tank to lake, rive
Privy to closest lot line Holding tank to lake, river, stream or pond

Privy to building
Privy to lake, river, stream or pond
Septic Tank and Drain field to closest lot line

Septic Tank and Drain field to well Septic Tank and Drain field to building

Well to building Septic Tank, and Drain field to lake, river, stream or pond

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. You Must Contact Your Town Chairman / Clerk For More Information.

*NOTICE: All Land Use Permits Expire One (1) Year From The Date Issued

The local town, village, city, state or federal agencies may also require permits

Stake or mark proposed location(s) of new building, holding tank, septic, drain field, privy, and well. Inspector

will not make an inspection until location(s) are staked or marked

Revised June 2008